

PTO/SB/21 (07-06)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

Application Number

10/757233

Filing Date

January 13, 2004

First Named Inventor

Persing, David H.

Art Unit

1623

Examiner Name

Khare

Attorney Docket Number

014058-017650US

**ENCLOSURES** (Check all that apply)

- |                                                                           |                                                                                                                                                                                                                                           |                                                                                         |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)                                                                                                                                                                                                       | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                                                                                                                                                                                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition                                                                                                                                                                                                         | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application                                                                                                                                                                 | <input type="checkbox"/> Proprietary Information                                        |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address                                                                                                                                                   | <input type="checkbox"/> Status Letter                                                  |
| <input checked="" type="checkbox"/> Extension of Time Request             | <input type="checkbox"/> Terminal Disclaimer                                                                                                                                                                                              | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund                                                                                                                                                                                               | Return Postcard                                                                         |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____                                                                                                                                                                                        |                                                                                         |
|                                                                           | <input type="checkbox"/> Landscape Table on CD                                                                                                                                                                                            |                                                                                         |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.                                                                                                                                   |                                                                                         |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   | This petition for a 3-month extension of time extends to April 5, 2007 the time for response to the outstanding Office Action in Application No. 10/757,233. A continuation application has been filed concurrently under separate cover. |                                                                                         |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |                                                                                                                                                                                                                                           |                                                                                         |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Joel G. Ackerman

Date

04/03/2007

Reg. No.

24,307

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Dana Kane

Date

04/03/2007



## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional) 014058-017650US

FY 2006

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Application Number 10/757233

Filed January 13, 2004

For PROPHYLACTIC AND THERAPEUTIC TREATMENT OF  
INFECTIOUS AND OTHER DISEASES WITH MONO- AND  
DISACCHARIDE-BASED COMPOUNDS

Art Unit 1623

Examiner Khare

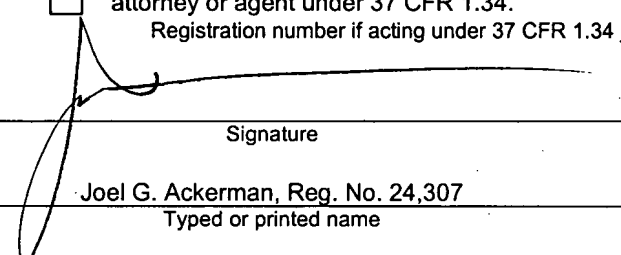
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1020
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.☐ A check in the amount of the fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director has already been authorized to charge fees in this application to a Deposit Account.☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430. I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor.☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).☒ attorney or agent of record. Registration Number 24,307☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_  
\_\_\_\_\_  
Signature

03/04/2007

Date

Joel G. Ackerman, Reg. No. 24,307  
\_\_\_\_\_  
Typed or printed name415-576-0200  
\_\_\_\_\_  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.